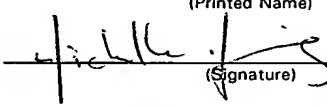


Atty. Dkt. No. 029815-0101

Applicant: Patrick J. Sweeney
Title: SPINAL DISC PROSTHESIS
SYSTEM
Appl. No.: 10/619,757
Filing Date: 07/15/2003
Examiner: Unknown
Art Unit: 3738

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450, on the date below. Michelle Manning (Printed Name)  (Signature) November 3, 2003 (Date of Deposit)

**TRANSMITTAL OF MISSING PARTS
OF PATENT APPLICATION**

Mail Stop Missing Parts
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the Notice to File Missing Parts of Application mailed on 9/8/03, in the above-identified application, transmitted herewith are the missing parts needed to complete the filing of the subject patent application.

Enclosed are:

- [X] Declaration and Power of Attorney (3 pages)
- [X] Return Copy of Notice to File Missing Parts
- [X] Information Disclosure Statement, Form PTO-1449, and copies of foreign patents and non-patent documents.

The filing fee is calculated below:

	Claims as Filed		Included in Basic Fee		Extra Claims		Rate		Fee Totals
Basic Fee							\$770.00		\$770.00
Total	27	-	20	=	7	x	\$18.00	=	\$126.00
Claims:									

Independents:	5	-	3	=	2	x	\$86.00	=	\$172.00
If any Multiple Dependent Claim(s) present:						+	\$290.00	=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee						+	\$130.00	=	\$130.00
							SUBTOTAL:	=	\$1,198.00
[X] Small Entity Fees Apply (subtract ½ of above):								=	\$599.00
							TOTAL FILING FEE:	=	\$599.00
							TOTAL FEE	=	\$599.00
Difference to pay:						-	\$0.00	-	\$599.00

[X] Check in the amount of \$599.00 in payment of surcharge fee (37 C.F.R. § 1.16(e))

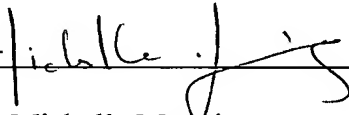
[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-2350. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-2350.

Respectfully submitted,

Date November 3, 2003

FOLEY & LARDNER
 Customer Number: 23524
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 Facsimile: (608) 258-4258

By



Michelle Manning
 Attorney for Applicant
 Registration No. 50,592